FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: PROVEMENTS PERMIT	DATE: .91	26725-14	SIZE: 1.11A
APPLICANT: HOMAS R RT 2 BOX 63C5 YOUNGSVILLE NC 27596 556-8022 TELEPHONE:		OWNER: RONIC EQUIP ANALYZERS	
COMMENT: FAMILY DWELLING			
LOCATION / DIRECTIONS: SR 1139			
FEE: 00 21415 ✓		SIGNATURE OF OWNER OR AUTHORIZED AGENT:	
CONFIRMED BY PLANNER:	PLANNER:	DATE:	

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM.

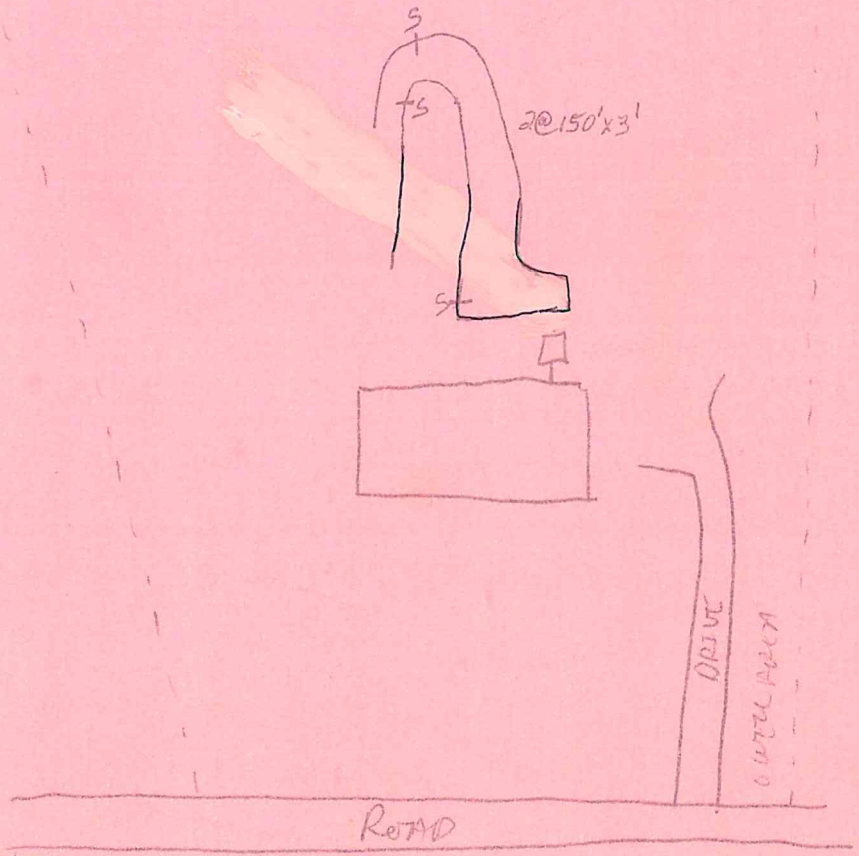
#BEDRMS 3 DISPOSAL NO OTHER — TYPE.SYS C

SZ.TANK 1000 SZ.CHAMB — NITRIFI 3'x30' OPER.REQ NO

SITE.LOC

REMARKS:

Mills STB-658
2-19-91



Contractor - S. Powell

DATE.ISSUED 2/11/91 EH SPECIALIST Al Ruples

DATE.APPROVED 2-10-91 EH SPECIALIST Ed Dudley RS